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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,518	08/02/2003	Jared Green	13768.783.92	4345
47973 WORKMAN N	7590 05/01/2007 NYDEGGER/MICROSOI	EXAMINER		
1000 EAGLE GATE TOWER 60 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84111			TRUONG, LECHI	
			· ART UNIT	PAPER NUMBER
		•	2194	
			MAIL DATE	DELIVERY MODE
			05/01/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Application No.	Applicant(s)	
10/632,518	GREEN ET AL.	
Examiner	Art Unit	
LeChi Truona	2194	

Interview Summary	10/632,518	GREEN ET AL.	
interview Summary	Examiner	Art Unit	
	LeChi Truong	2194	· · · · · · · · · · · · · · · · · · ·
All participants (applicant, applicant's representative, PTO	personnel):	•	
(1) <u>Michael b. Dodd</u> .	(3)		
(2) <u>Lechi Truong</u> .	(4)		
Date of Interview: 19 April 2007.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative		
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: Attorney presented proper amended claims overcome rejections and distinguish from (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A	osed amended claims and disc art of record. Iments which the examiner ago opy of the amendments that weld.)	reed would rend rould render the	er the claims claims
INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	/ DAYS FROM 1 WHICHEVER IS	THIS LATER, TO
	WILLIAM THOM ERVISORY PATEN	MSON IT EXAMINER	,
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required	<del></del>